07000011615

(Re	questor's Name)	<u></u>
(Ad	dress)	·
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(Cit	y/State/Zip/Phone	#)
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(Do	cument Number)	
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Amend

SEP 1 7 2010

EXAMINER

COVER LETTER

Division of Corporations
NAME OF CORPORATION: The Doggy Store, Inc.
DOCUMENT NUMBER: PO 7000011615
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Pierre Earling Name of Contact Person
The Doggy Store
917 North Federal Highway
Fort Lauder dale FL 33304
City/ State and Zip Code Pierre of the dog gy Store: Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Pierre Earling at (954) 8289229 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$\begin{array}{c} \$43.75 Filing Fee &
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

(Document Num	615 ber of Corporation (if kn	own)	
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	5, Florida Statutes, this I	Florida Profit Corporation ad	lopts the following
A. If amending name, enter the new name of	the corporation:		
	 		The new
name must be distinguishable and contain to abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "proj	designation "Corp," "In	ac," or "Co". A professional	
B. Enter new principal office address, if appl			
(Principal office address <u>MUST BE A STREE</u>)	<u>r ADDRESS</u>)		₩VISE 10
			SIOP SIOP
			— F OF A
C. Enter new mailing address, if applicable:			2 55 K
(Mailing address <u>MAY BE A POST OFFIC</u>	<u></u>	<u> </u>	
			STAT JRATI 9: 4:
D. <u>If amending the registered agent and/or renew registered agent and/or the new registered</u>	_	in Florida, enter the name of	<u>'the</u>
new registered agent and/or the new regis	tereu ornce auuress.		
Name of New Registered Agent:			
New Registered Office Address:	(Florida street	address)	
-		, Florida	···
•	(City)	(Zip Code)	
New Registered Agent's Signature, if changin		and account the abligations of t	ha position
I hereby accept the appointment as registered as	gem. 1 um jamuar wun	and decept the obligations of t	ne position.
	ignature of New Registers	ed Agent if changing	
Si	ignature of New Registere	ea Ageni, ij cnanging	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

	<u>Name</u>	<u>Address</u>	Type of Acti
cretary	Pierrette Komace	k 917 North	Federal A Add
ĺ		Fort Langerdo	☐ Remove
			☐ Remove
			☐ Remove
	ng or adding additional Articles, enter		
(attach add	itional sheets, if necessary). (Be speci	.jic) 	
	· · · · · · · · · · · · · · · · · · ·		
 			
	ndment provides for an exchange, rec		
provision	s for implementing the amendment if		
provision			
provision	s for implementing the amendment if		
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The date of each amendment(s		14	2010	<u> </u>
Effective date if applicable:	(no more than 90 days after a			
· ·	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)			
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. e sufficient for approval.	The num	nber of votes cast for the am	endment(s)
The amendment(s) was/were must be separately provided	approved by the shareholder for each voting group entitled			
"The number of votes ca	ast for the amendment(s) was	were suff	icient for approval	
by	voting group)		······································	
(voting group)			
The amendment(s) was/were action was not required.	adopted by the board of direct	ctors with	out shareholder action and s	hareholder
The amendment(s) was/were action was not required.	adopted by the incorporators	without s	shareholder action and share	holder
Dated	14/2010			
Signature	ann			
(By a select	director, president or other o ted, by an incorporator – if in inted fiduciary by that fiducia	the hands		
	(Typed or printed	name of	person signing)	
	(Title of person signif	ng)		